

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

RECEIVED

JUN 21 2010

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

EARNEST BELL

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

10060154

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

SOUTH DAKOTA, SIOUX FALLS

POLICE DEPT.

OFFICER JOHN DOE #1

OFFICER JOHN DOE #2

OFFICER JOHN DOE #3

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: EARNEST BELL
- B. List all aliases: EARNEST WATSON
- C. Prisoner identification number: B56649
- D. Place of present confinement: DIXON CORRECTIONAL CENTER.
- E. Address: 2600 NORTH BRINTON AVE DIXON IL, 61021

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: JOHN DOE #1
Title: SOUTH DAKOTA POLICE OFFICER
Place of Employment: SOUTH DAKOTA, SIOUX FALLS
- B. Defendant: JOHN DOE #2
Title: SOUTH DAKOTA POLICE OFFICER
Place of Employment: SOUTH DAKOTA SIOUX FALLS
- C. Defendant: JOHN DOE #3
Title: SOUTH DAKOTA POLICE OFFICER
Place of Employment: SOUTH DAKOTA SIOUX FALLS

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

- A. Is there a grievance procedure available at your institution?

YES ☒ NO () If there is no grievance procedure, skip to F.

- B. Have you filed a grievance concerning the facts in this complaint?

YES ☒ NO ()

- C. If your answer is YES:

1. What steps did you take?

I FILED A GRIEVANCE BUT I NEVER HEARD
A RESPONSE FROM SOUTH DAKOTA SIOUX FALLS
SOUTH DAKOTA JAIL

2. What was the result?

I NEVER RECEIVED A RESPONSE OF
INFORMATION FROM THE GRIEVANCE I FILED
IN SOUTH DAKOTA SIOUX FALLS SOUTH DAKOTA JAIL

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

I NEVER FILED A APPEAL OF MY GRIEVANCE
BECAUSE I NEVER RECEIVED A ANSWER OF
MY GRIEVANCE IN SOUTH DAKOTA SIOUX FALLS JAIL SD

- D. If your answer is NO, explain why not:

BECAUSE I NEVER
RECEIVED A ANSWER FROM MY GRIEVANCE
IN SOUTH DAKOTA SIOUX FALLS JAIL

- E. Is the grievance procedure now completed? YES () NO (✓)
- F. If there is no grievance procedure in the institution, did you complain to authorities? YES (✓) NO ()
- G. If your answer is YES:

1. What steps did you take?

I COMPLAINT WITH THE POLICE OFFICERS AND
DOCTORS AT THE JAIL BUT NEVER RECEIVED A
ANSWER FROM SOUTH DAKOTA COUNTY JAIL SIOUX FALLS

2. What was the result?

I NEVER RECEIVED RESULTS FROM MY
COMPLAINTS IN SOUTH DAKOTA SIOUX FALLS JAIL

H. If your answer is NO, explain why not:

I NEVER RECEIVED A RESPONSE FROM
MY GRIEVANCE NO RESPONSE FROM MY COMPLAINT.
IN SOUTH DAKOTA SIOUX FALLS JAIL

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: UNKNOWN
- B. Approximate date of filing lawsuit: YEAR 2002
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: EARNEST
BELL A.K.A EARNEST WATSON
- D. List all defendants: UNKNOWN
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): FEDERAL COURT ILLINOIS COOK COUNTY
- F. Name of judge to whom case was assigned: UNKNOWN
- G. Basic claim made: UNLAWFUL REPOSSESSION OF PROPERTY
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): THE CASE WAS SETTLED RESOLVED
- I. Approximate date of disposition: 2003

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON DECEMBER 21 2008 in the STATE OF SOUTH DAKOTA
 city SIOUX FALLS in the EVENING AROUND 6:00 P.M.
 I WERE BEING PLACED UNDER ARREST FOR REFUSING TO
 YIELD AT A STOP SIGN AND RECKLESS DRIVING WHEN
~~WE~~ I WERE ASSAULTED AND BEATEN WITH A OFFICERS
 FLASH LIGHT I WERE PUSHED UNTO A GARAGE WHERE
 A NAIL ENTERED MY KNEE CAP I WAS THEN PLACED AT
 GUN POINT ALL THIS WAS BY OFFICER JOHN DOE #1
 JOHN DOE #1 HELD A GUN TO MY HEAD THEN SUDDENLY OFFICER
 JOHN DOE #2 SLAMMED ME TO THE GROUND IN THE SNOW
 ONCE ON THE GROUND OFFICER #2 REPEATEDLY HIT ME IN THE
 BACK MY UPPER AND LOWER BACK. OFF. JOHN DOE #2 THEN
 GRABED MY MOUTH AND OPENED IT WHILE THE OFFICER #3 JOHN DOE
 HELD MY ARMS WHILE OFFICER JOHN DOE #1 SPREAD MACE
 OR PEPPER SPRAY IN TO MY EYES THEN INTO MY MOUTH
 + THE OFFICER SPRAYED CONTINUOUSLY PEPPER SPRAY INTO MY MOUTH
 I THEN BECAME BLIND UNABLE TO STAND UNABLE TO STAND
 I WERE BEING HIT CONSTANTLY BY THE OFFICERS.

Then I was dragged in the snow by my arms and placed into a police car where I threw up vomit 3 times because the pain was so intense I began to pass out I woke up in a ambulance I were taken to Avera McKennan Hospital in Sioux Falls South Dakota. My heart rate was 190-200 per minute I were given 2 heart treatments for ~~atrial~~ Atrial Fib in the ER also the nail was removed from my knee I received information from the nurse that I had been given a kidney eruption due to the constant hitting, and abuse I urinated blood from my penis and experience diarrhea for 2 weeks including tremendous back, leg pains and placed in a wheel chair also given crutches for walking. I were giving medicine for pain

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I would like to be compensated 150,000 dollars

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 5 day of MAY, 20 10

Earnest Bell

(Signature of plaintiff or plaintiffs)

EARNEST BELL

(Print name)

BS6649

(I.D. Number)

DIXON C. C.

2600 NORTH-BRINTON AVE

DIXON IL, 61021

(Address)

IN THE
UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS

EARNEST BELL)
Plaintiff)
SIOUX FALLS SOUTH DAKOTA Police Dept.) Case No. _____
OFFICER John Doe #1 vs.)
OFFICER John Doe #2)
OFFICER John Doe #3)
Defendant)

PROOF/CERTIFICATE OF SERVICE

To: KEARNETH S. GARDNER CLERK
US DISTRICT OF ILLINOIS COURT
NORTHERN DISTRICT OF ILLINOIS

To: SOUTH DAKOTA, SIOUX FALLS
POLICE DEPT.

PLEASE TAKE NOTICE that on MAY 2010, I have
placed the documents listed below in the institutional mail at Dixon Correctional Center,
properly addressed to the parties listed above for mailing through the United States Postal
Service: _____

Pursuant to 28 USC 1746, 18 USC 1621, or 735 ILCS 5/1-109, I declare, under penalty of
perjury, that I am the named party in the above action, that I have read the above
documents, and that the information contained therein is true and correct to the best of
my knowledge.

Date: 6-11-10

/s/ Earneest Bell
Name: EARNEST BELL
IDOC # B56649
Dixon Correctional Center
P.O. Box 1200
Dixon, IL 61021